

5:23-CV-120 # 11

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse </p> <p> Paul Nicoletti #55819-039 MORGANTOWN FEDERAL CORRECTIONAL INSTITUTION Inmate Mail/Parcels P.O. BOX 1000 MORGANTOWN, WV 26507 </p> <div style="text-align: center;">  9590 9402 7966 2305 4926 52 </div> <p style="text-align: center;">(Transfer from service label)</p> <p style="font-size: 1.2em;">7022 0410 0002 2769 4871</p>	<p> A. Signature X <i>[Signature]</i> </p> <p> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p> B. Recipient's Name <i>T. Luke</i> </p> <p> C. Date of Delivery <i>6-1-23</i> </p> <p> Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No </p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">FILED</p> <p style="text-align: center; font-size: 1.2em;">JUN -5 2023</p> <p style="text-align: center;">U.S. DISTRICT COURT - WVND WHEELING, WV 26006</p> <p> 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery </p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt